

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042415

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 142

Primary Registration District No. 5336

Registrar's No. 676

STATE FILE NUMBER

FILED DEC 10 1962

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                                                                                                                             |                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Howell</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Howell</b>                        |                                                                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Goldsberry</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | c. CITY OR TOWN <b>Mountain View</b>                                                                                                                        | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Home</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br><b>Rural Route 2</b>                                                                                       | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Theodore</b> Middle <b>Henker</b> Last <b>Henker</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>1</b> Year <b>1962</b>                                                                                     |                                                                                       |
| 5. SEX<br><b>M.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6. COLOR OR RACE<br><b>W.</b>                                                                             | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2/18/91</b>                                                    |
| 9. AGE (last birthday)<br><b>71</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | IF UNDER 1 YEAR<br>Months <b>71</b> Days <b>71</b> Hours <b>71</b> Min. <b>71</b>                                                                           |                                                                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinest</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Atlantic Ocean (EnRoute U.S.A.)</b>                                                                                 |                                                                                       |
| 11. BIRTHPLACE (City and state or country)<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                                                                                                   |                                                                                       |
| 13a. FATHER'S NAME<br><b>Edward Henker</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><b>Augusta Holz</b>                                                                                                            |                                                                                       |
| 14. NAME OF HUSBAND OR WIFE<br><b>Ivy Henker</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |                                                                                       |
| 16. SOCIAL SECURITY NO.<br><b>No</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | 17. INFORMANT<br><b>Ivy Henker</b> Address <b>Rt. 2 Box 133 Mtn. View, Mo.</b>                                                                              |                                                                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                                                           |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>inst.</b>                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                |                                                                                       |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Month, Day, Year _____                                                                                    |                                                                                                                                                             |                                                                                       |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION                                                                                                                                | COUNTY _____ STATE _____                                                              |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                                                                             |                                                                                       |
| 22a. SIGNATURE<br><b>Frank Cook</b> (Degree or title) <b>Coroner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | 22b. ADDRESS<br><b>West Plains, Missouri</b>                                                                                                                | 22c. DATE SIGNED<br><b>12-4-62</b>                                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 23b. DATE<br><b>12/2/62</b>                                                                               | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Rand Hill Cemetery</b>                                                                                             | 23d. LOCATION (City, town, or county) (State)<br><b>Palatine, Illinois</b>            |
| 24. FUNERAL DIRECTOR<br><b>Duncan Funeral Home</b> Address <b>Mtn. View, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><b>12-5-62</b>                                                                                                              | 26. REGISTRAR'S SIGNATURE<br><b>Laura Mitchell</b>                                    |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13

VS 300  
Rev. 4/59

3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13

VS 300  
Rev. 4/59

3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13

VS 300  
Rev. 4/59

3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13

To Coroner: 9:A.M. 12/3/62

Rec'd from Coroner 10: A.M. 12/5/62

Sent to Local Registrar 10:30 A.M. 12/5/62

JAN 3 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Int'l View, Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.